Modified Oswestry Low Back Pain Disability Questionnaire ^a	
This questionnaire has been designed to give your thera your ability to manage in everyday life. Please answer best describes your condition today. We realize you may condition, but please mark only the box that most clo	every question by placing a mark in the one box that ay feel that two of the statements may describe your
Pain Intensity	Sitting
☐ I can tolerate the pain I have without having to use	☐ I can sit in any chair as long as I like.
pain medication.	☐ I can only sit in my favorite chair as long as I like.
☐ The pain is bad, but I can manage without having to take pain medication.	□ Pain prevents me from sitting for more than 1 hour.□ Pain prevents me from sitting for more than
☐ Pain medication provides me with complete relief	1/2 hour.
from pain.	☐ Pain prevents me from sitting for more than
☐ Pain medication provides me with moderate relief	10 minutes.
from pain.	☐ Pain prevents me from sitting at all.
☐ Pain medication provides me with little relief from pain.	Standing
Pain medication has no effect on my pain.	☐ I can stand as long as I want without increased pain.
Paragonal Core (e.g. Washing Pressing)	☐ I can stand as long as I want, but it increases
Personal Care (e.g., Washing, Dressing) ☐ I can take care of myself normally without causing	my pain. ☐ Pain prevents me from standing for more than
increased pain.	1 hour.
☐ I can take care of myself normally, but it increases	☐ Pain prevents me from standing for more than
my pain.	1/2 hour.
☐ It is painful to take care of myself, and I am slow and careful.	☐ Pain prevents me from standing for more than 10 minutes.
☐ I need help, but I am able to manage most of my	☐ Pain prevents me from standing at all.
personal care.	
☐ I need help every day in most aspects of my care.	Sleeping
☐ I do not get dressed, I wash with difficulty, and I stay in bed.	Pain does not prevent me from sleeping well.I can sleep well only by using pain medication.
say in oca.	☐ Even when I take medication, I sleep less than
Lifting	6 hours.
☐ I can lift heavy weights without increased pain.☐ I can lift heavy weights, but it causes increased pain.	☐ Even when I take medication, I sleep less than
☐ Pain prevents me from lifting heavy weights off	4 hours. ☐ Even when I take medication, I sleep less than
the floor, but I can manage if the weights are	2 hours.
conveniently positioned (e.g., on a table).	☐ Pain prevents me from sleeping at all.
Pain prevents me from lifting heavy weights, but	G 1 1 1 1 10
I can manage light to medium weights if they are conveniently positioned.	Social Life ☐ My social life is normal and does not increase
☐ I can lift only very light weights.	my pain.
☐ I cannot lift or carry anything at all.	☐ My social life is normal, but it increases my level
Walking	of pain.
☐ Pain does not prevent me from walking any distance.	☐ Pain prevents me from participating in more energetic activities (e.g., sports, dancing).
☐ Pain prevents me from walking more than 1 mile.	☐ Pain prevents me from going out very often.
(1 mile = 1.6 km).	☐ Pain has restricted my social life to my home.
 □ Pain prevents me from walking more than 1/2 mile. □ Pain prevents me from walking more than 1/4 mile. 	☐ I have hardly any social life because of my pain.
☐ I can walk only with crutches or a cane.	
☐ I am in bed most of the time and have to crawl to	
the toilet	D1

Please complete questionnaire on other side.

My normal homemaking / job activities do not cause pain.	
cause pain.	
☐ My normal homemaking / job activities increase	
my pain, but I can still perform all that is required	
of me.	
☐ I can perform most of my homemaking / job	
 duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming). Pain prevents me from doing anything but light duties. Pain prevents me from doing even light duties. Pain prevents me from performing any job or homemaking chores. 	
FOR OFFICE USE ONLY Score: /50 x 100 =% points	
first statement is marked the section score = 0, if the last he score is calculated as follows:	
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Source: Fritz JM, Irrgang JJ. A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. *Physical Therapy*. 2001;81:776-788.

^aModified by Fritz & Irrgang with permission of The Chartered Society of Physiotherapy, from Fairbanks JCT, Couper J, Davies JB, et al. The Oswestry Low Back Pain Disability Questionnaire. *Physiotherapy*. 1980;66:271-273.